NCI Technology Transfer Ambassadors Program [January – December 2021]

Application Due via Email (TT_Ambassadors@mail.nih.gov) by December 1, 2020

APPLICANT INFORMATION		
First Name:	Last Name:	MI:
Street Address:		Apartment/Unit:
City:	State:	ZIP Code:
Mobile Phone:	E-mail:	
Office Phone:		
Laboratory location Bethesda (Select one): MD	, Frederick, Othe MD	r: List your Institute/Center (IC):
How did you hear about TTAP?		
CURRENT NIH STATUS		
Lab Branch and Department:		
Principal Investigator Name:		
REFERENCES		Form on TTAP's website for more details
List two professional referen	ces delow	
Full Name:		Relationship:
Organization:		Phone Number:
Email address:		
Full Name:		Relationship:
Organization:		Phone Number:
Email address:		
DISCLAIMER AND SIGNATURE		
I certify that the information provided	is true and complete to the best o	f my knowledge.
If this application leads to my participa	tion in the TTAP, I understand the	at false or misleading information in my application or interview may result in my release.
Signature:		

NCI Technology Transfer Ambassador Program – PI Approval Form

Dear Principal Investigator,			
By signing this form, you indicate your support and approval of your post-doctoral research fellow, to apply and participate, if selected, in the NCI Technology			
Transfer Ambassadors Program (TTAP).			
NCI TTAP is designed to enhance engagement between the NCI Technology Transfer Center (and researchers on campus. TTAP Ambassadors will be expected to spend approximately 5-8 hours each week meeting with NCI TTC staff, learning about technology transfer, helping support the advancement and commercialization of NIH technologies, and helping increase awareness technology transfer and the commercialization tools available to NIH researchers.	ort		
Examples of activities in which Ambassadors might participate include training workshops, drafting marketing summaries for NIH technologies, and assisting the TTC with evaluation of NIH technologies contributing to patent, development, and marketing related decisions. The Ambassadors will be expected to monitor their own participation in the program and to balance their commitment with existing obligations to their research.			
PI: Please review and sign this agreement if these terms are acceptable.			
(NIH post-doctoral fellow) has my support to			
(Will post-doctoral lellow) has my support to			
apply and participate, if selected, in the NCI Technology Transfer Ambassadors			
Program.			
Principal Investigator Name (Print)			
Signature			

Date